



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100628		2. Exact name of the limited liability company Constitution State Services LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island THIRD PARTY ADMINISTRATION	
5. Principal office address ONE TOWER SQUARE		City HARTFORD	State CT Zip 06183-1190
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name TAXPAYER Contact Title			
Street Address ONE TOWER SQUARE		City HARTFORD	State CT Zip 06183-1190
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name THE PHOENIX INSURANCE COMPANY		Manager Name	
Street Address ONE TOWER SQUARE		Street Address	
City HARTFORD	State CT	Zip 06183-1190	City HARTFORD State CT Zip 06183-1190
Manager Name		Manager Name	
Street Address		Street Address	
City HARTFORD	State CT	Zip 06183-1190	City HARTFORD State CT Zip 06183-1190
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02886

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



100628

File Date	9/30/05
Check No.	00405034
By:	CP
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person **GUY CRAFF** Date **9-20-05**
GUY CRAFF, 2ND VICE PRESIDENT
Print or Type Name of Authorized Person



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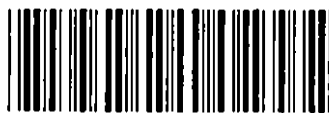
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100628		2. Exact name of the limited liability company Constitution State Services LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island THIRD PARTY ADMINISTRATION			
5. Principal office address One Tower Square, C/O Corp. Tax 6PB		City Hartford		State CT	Zip 06183-1190
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Taxpayer			Contact Title		
Street Address One Tower Square		City Hartford		State CT	Zip 06183-1190
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name The Phoenix Insurance Company			Manager Name		
Street Address One Tower Square		Street Address			
City Hartford	State CT	Zip 06183-1190	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET		City PROVIDENCE		Zip 02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 0 6 2 8 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

File Date	10/18/04
Check No.	00293751
By:	W.
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person G. Graff - Second VP Date 10-13-04
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100628		2. Exact name of the limited liability company Constitution State Services LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island THIRD PARTY ADMINISTRATION	
5. Principal office address One Tower Square, C/O Corp. Tax, 2S2		City Hartford	State CT
		Zip 06183-1190	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Taxpayer		Contact Title	
Street Address One Tower Square		City Hartford	State CT
		Zip 06183-1190	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name The Phoenix Insurance Company		Manager Name	
Street Address One Tower Square		Street Address	
City Hartford	State CT	City	State
Zip 06183-1190		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 0 6 2 8 *

File Date 10/20/03
Check No. 99043704
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 10-13-03
Signature of Authorized Person Date

Guy Graff, 2nd Vice President
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. FLLC 100628		2. Exact name of the limited liability company CONSTITUTION STATE SERVICES LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island THIRD PARTY ADMINISTRATOR			
5. Principal office address ONE TOWER SQUARE, 2S2		City HARTFORD		State CT	Zip 06183-1190
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TAXPAYER			Contact Title		
Street Address ONE TOWER SQUARE, 2S2		City HARTFORD		State CT	Zip 06183-1190
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name PHOENIX INSURANCE COMPANY		• Manager Name			
Street Address ONE TOWER SQUARE, 2S2		• Street Address			
City HARTFORD	State CT	Zip 06183-1190	City	State	Zip
Manager Name		• Manager Name			
Street Address		• Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM		Address 10 WEYBOSSET STREET			
Address eg		City PROVIDENCE		Zip 02903	

This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date	10.16.02
Check No.	124443
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

10/17/02
Signature of Authorized Person Date
GEORGE A. RYAN, VICE PRESIDENT
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 100628

Annual Report for the year 2001

1. The name of the limited liability company is:

Constitution State Services LLC

2. The address of the principal office of the limited liability company is:

One Tower Square, 252 Hartford, CT 06183-1190

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: One Tower Square 252 Hartford, CT 06183-1190

Guy Graft, Second Vice Pres. Corporate Tax

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Third Party Administrator

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

The Phoenix Ins. Co.

One Tower Square, Hartford, CT 06183

Dated 10/2/01



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Constitution State Services LLC

Exact Name of Limited Liability Company

By

George A. Ryan

Vice President

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-9-01

Check No.: 47367

By: [Signature]

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 81875

Annual Report for the year 2001

1. The name of the limited liability company is:

Constitution Street Associates, LLC

2. The address of the principal office of the limited liability company is:

39 Kickemuit Ave, Bristol, R.I.

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: EDWARD J. COX, II

39 KICKEMUIT AVENUE BRISTOL RI 02809

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Edward J. Cox II Managing Member

39 Kickemuit Ave, Bristol, R.I.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental Real Estate Ownership and Management

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Edward J. Cox II
Managing Member

39 Kickemuit Ave, Bristol, R.I.
22 Patricia Ann Lane, Bristol, R.I.

Dated

8/23/01

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



8 1 8 7 5

CONSTITUTION STREET ASSOCIATES LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY
File Date: 8-27-01

Check No.: 650

By: [Signature]

By: [Signature]
Managing Member
Title

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

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To be filed annually between
September 1 and November 1



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Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 100628

Annual Report for the year 2000

1. The name of the limited liability company is:

Constitution State Services LLC

2. The address of the principal office of the limited liability company is:

One Tower Square, 5PB Hartford, CT 06183-1190

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: One Tower Square, 5PB Hartford, CT 06183-1190

James H. Taylor, Director

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Third Party Administration

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

The Phoenix Ins. Co.

One Tower Square, Hartford CT 06183

Dated 9 - 25 - 00



1 0 0 6 2 8

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Constitution State Services LLC

Exact Name of Limited Liability Company

By



Vice President

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

9/28

Check No.:

200376

By:

[Signature]

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FL 100628

Annual Report for the year 1999

1. The name of the limited liability company is:

Constitution State Services LLC

2. The address of the principal office of the limited liability company is:

ONE TOWER SQUARE, C/O CORPORATE TAX SPB, HARTFORD, CT 06183

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

123 DYER STREET PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: JAMES H. TAYLOR, DIRECTOR

ONE TOWER SQUARE, C/O CORPORATE TAX SPB, HARTFORD, CT 06183

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: NO ACTIVITY

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

CONSTITUTION STATE SERVICE CO.

ONE TOWER SQUARE, HARTFORD, CT 06183

Dated 9/13/99



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

CONSTITUTION STATE SERVICES, LLC

Exact Name of Limited Liability Company

By George A. [Signature]

VICE PRESIDENT
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-16-99</u>
Check No.:	<u>128988</u>
By:	<u>AME</u>